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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) - (\$55/\$110)			ted to the USPIO	Group Fitt Office 2023	Examiner R.	i vgu y cii		
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Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) Applicant claims small entity status. A check to cover the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 I have enclosed a duplicate copy of this sheet. I am the popularit/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of P19-2033. February 5, 2004 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
□ Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) \$		One mont	h (37 CFR 1.17	7(a)(1)) - (\$55/\$110)		\$ <u>110.00</u>		
□ Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) \$ □ Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) \$ □ Applicant claims small entity status. □ A check to cover the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. □ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 I have enclosed a duplicate copy of this sheet. □ I am the □ applicant/inventor □ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). □ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). □ WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PT0-2038. □ February 5, 2004 □ Date □ Signature □ Jeffrey L Costellia, Reg. No. 35.483 □ Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	☐ Two months (37 CFR 1.			17(a)(2)) - (\$205/\$410)		\$		
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